

Donna Johnston, MD: Consent for Platelet Rich Plasma (PRP) for Hair Restoration

Patient's name: _____ Date of procedure: _____

PLATELET RICH PLASMA (PRP): is an injection treatment whereby a person's own blood is used. Your blood is drawn in standard fashion. The blood is spun down in a special centrifuge to separate its components (red blood cells, platelet rich plasma, and plasma). The platelet rich plasma is injected into the scalp to stimulate the hair follicles to grow hair.

Contraindications: PRP used for aesthetic procedures is safe for most adults but should not be used if you have:

1. Acute or chronic infections
2. Skin diseases (lupus, porphyria, allergies)
3. Cancer or undergoing chemotherapy
4. Severe metabolic and systemic disorders
5. Abnormal platelet function
6. Chronic liver pathology
7. Anti-coagulation therapy
8. Systemic use of corticosteroids within two weeks of the procedure
9. Pregnant or breastfeeding

Risks and Complications:

I have been informed that some of the side effects of platelet rich plasma include:

_____ pain or itching at the injection site

_____ Bleeding, bruising, swelling, and/or infection at the site where blood was drawn and/or at the site of the PRP injections in the scalp.

_____ Short lasting pinkness/redness(flushing) of the skin

_____ Injury to a nerve and/or muscle

_____ Nausea/vomiting

_____ dizziness or fainting

_____ Temporary blood sugar increase

_____ Allergy

_____ A temporary headache

_____ Redness in the scalp for 2-4 days

_____ Reaction to topical numbing medicine (if it is used) can occur.

_____ Hair loss (temporary) in the existing hair. This is often termed “shock loss”

_____ Injury to nerve during blood draw (very rare)

I understand that PRP can be used to treat hair loss. I fully understand the results that I may reasonably expect. I understand that not all patients get improvement.

I understand that I have the option of doing nothing, wearing a wig or hairpiece, using prescription medicines or possibly having a hair transplant surgery to address my hair loss. A combination of the above is also possible. I understand that the PRP injection procedure is an “elective” procedure. If I do not have PRP injections, I will not experience harm or negative consequences for my body other than potentially lose more hair.

I understand the risks and benefits of PRP and all of my questions have been answered. _____(initial)

I understand the intention is to improve my health and/or appearance but that there are no guarantees with any cosmetic procedure. I am aware that the practice of medicine is not an exact science and that knowledgeable physicians sometimes disagree as to the best methods of treatment to achieve desired results. _____ (initial)

I understand that hair loss is sometimes continuous throughout life for some people. I understand that additional PRP injection procedures may be needed and that some individuals would expect 1-3 sessions per year. _____ (initial)

I am aware this is not covered by my insurance and I know I am responsible for payment of these services with no fee reimbursement regardless of procedural results. I understand the fee paid is for the procedure and not for an expected result. I understand the payment is due the day of my procedure. _____ (initial)

I have read and signed this consent while I was NOT under the influence of medications that might alter my mental capacity to understand its contents. _____(initial).

Patient’s name: _____

Patient’s signature: _____ Date: _____

Witness/staff signature: _____ Date: _____

Physician/provider: ----- Date: _____